

Patient Name: Sandra Atkins 57

Examination findings: Weight 70kg BMI 26 Palpable non tender goitre. Uniformly enlarged. No lymph nodes. No tremor. Hands not sweaty. Pulse 70 regular. Blood pressure 120/73. No exophthalmos. Free range of eye movements with no double vision.

### GP Trainer's comments - Reviewed by Dr Karen Riddle June 2019

#### **Consultation review**

Sandra's presenting complaint was established early on ('I have a lump'), along with effective agenda setting to ensure that the patient wasn't hoping to discuss anything else. "Is there anything else that you were hoping to discuss?" "Nothing else we need to concentrate on, apart from this lump?"

The history of the lump in the neck was clarified (present for a few months) along with the absence of any thyroid related symptoms or red flags (no weight loss, sweats). Ideas (What do you think it might be? Realistically, what do you think it is?), concerns (So, you want to rule cancer out, don't you?) and expectations (Was there anything in particular that you were hoping I would do today for you?) were discussed in detail. Dr Birrell enquired why the patient had asked about it now, and clearly asked what she thought it might be. The patient mentioned she was hoping that it wasn't cancer and this was addressed fully later on in the consultation when Dr Birrell explained the examination findings to the patient.

A family history of cancer was identified - lung cancer in the patient's sister.

The psychological, occupational and social history (In other respects, you've already mentioned you're not a smoker; no other bad habits I need to know about - you're not a big drinker or anything like that? Who's at home with you?) was explored.

When it became apparent during the consultation that the patient had stopped her statins due to concerns about abnormal liver function tests, this was clearly acknowledged to the patient and agreed that it would be discussed at a later consultation, whilst still reinforcing the importance of addressing this due to her previous Transient Ischaemic Attack.

Doctor Birrell explained his examination findings to the patient in clear language (general enlargement of the thyroid with no discrete lumps) and his thoughts that this was very unlikely to represent a thyroid cancer. The doctor discussed the possibility of doing a scan for reassurance, which the patient then declined as she was keen not to waste resources if the doctor did not think it was necessary.

Follow up was signposted: to have some blood tests to check thyroid function. Clear safety netting was given: "If you find that there's more of a lump on one side, we'll do the scan".

Sandra was encouraged to discuss her consultation with her husband. There is clearly nothing wrong with this, but it could be argued that it is not necessary as the patient had chosen not to tell her husband that she was coming to the doctors in the first place.

### **Clinical issues**

When the doctor was initially suggesting arranging a scan he made a statement that "You'll be more comfortable if I scan the lump". Perhaps Dr Birrell would have been more comfortable with a scan? The patient declined the option of a scan and was happy to accept the doctor's opinion that the lump was low risk. Perhaps better to discuss the option of arranging an ultrasound without prejudice. Sharing the pros and cons of each approach and letting the patient decide could be a gold standard.

### **Overall thoughts**

Overall though it was clearly a very competent consultation where the patient's concerns were fully explored. Traditional 10 minute GP consultations rarely allow for effective shared decision making. GPs often make best guesses based on their knowledge of the patient's background and preferences. The shared decision making materials in [realgeneralpractice.org](http://realgeneralpractice.org) give patients the option to more fully engage in decision making outside of the initial consultation.